

**CORRECTIONAL MEDICAL AUTHORITY (CMA)  
MINUTES FROM BOARD MEETING  
JULY 31, 2013  
TALLAHASSEE, FLORIDA**

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**AGENDA ITEM - DISCUSSION**

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**LOCATION:** The Correctional Medical Authority met on April 18, 2013, in Tallahassee, Florida. Notice of the meeting was published and mailed to CMA members.

**MEMBERS PRESENT:** Annette Phelps, Dr. Katherine Langston, and Dr. Peter C. Debelius-Enemark

**MEMBERS PRESENT BY PHONE:** Lee Chaykin, Ryan Beaty and Dr. Harvey Novack,

**DC REPRESENTATIVES:** Dr. Olugbenga Ogunsanwo, Assistant Secretary of Health Services, Dr. Steven Harris, Director of Medical Services, Dr. Dean Aufderheide, Mental Health Services Director, and Collean D'Acquisto, Nursing Services Director

**WEXFORD REPRESENTATIVE:** Jim Reinhart

**CMA STAFF PRESENT:** Jane Holmes-Cain, Priscilla Wood, Holli McLanahan, Matthew Byrge, Lynne Babchuck, and Rachel Brock

**CMA STAFF ABSENT:** Kathryn McLaughlin

**CMA LEGAL REPRESENTATIVE:** Has not been finalized. Not present.

**CALL TO ORDER:** Chair, Dr. Peter C. Debelius-Enemark officially called the meeting to order at 1:20p.m. once a quorum had been met.

❖ **DIRECTOR'S REPORT:**

Jane Holmes-Cain, Executive Director

Two surveys have been completed since last meeting. Discussion ensued regarding the reports and suggestions were made by members for improving the reports. Ms. Phelps and Dr. Novack suggested adding discussion for physical health and dental findings similar to mental health findings. Ms. Phelps also suggested listing staffing patterns and vacancies in the introduction of the report. Ms. Holmes stated that these two suggestions will be incorporated in the next reports. Dr. Langston suggested the members receive copies of the tools so they will be more aware of the issues being audited.

Staff are working on a three year plan to meet our statutory requirement for triennial surveys and stay within our budget. We are in the process of implementing cost-saving measures to ensure we can meet this requirement. We are changing our entrance conference process so that only one staff member will attend the entrance conference when geographically feasible. Instead of conducting our exit conference at the institution the day after the survey, we will now present our preliminary findings via conference call at a mutually agreed upon time. Not only will these changes save on staff travel, they will allow staff to ensure the accuracy of findings. We will conduct off-site Corrective Action Plan (CAP) assessments when possible and will schedule on-site CAP visits to coincide with survey travel. We are also continuing to recruit new surveyors, particularly physicians, and have recruited several new physicians; two have attended a survey.

We are working with EOG administration to pay and reimburse surveyor travel expenses expeditiously. We have received positive responses from surveyors regarding this process.

The process for reviewing the Department's Health Service Bulletins (HSB) was discussed. CMA staff review changes made to HSBs and provide comment, when applicable. Staff ensure the changes are reflected in the audit tools.

We have received several letters from inmates or their families regarding health care concerns. We respond to the sender and refer these letters to OHS when appropriate for investigation. We have received excellent response from OHS.

Staff attended the Department's Quality Management (QM) meeting and will initiate the CMA QM meeting in 2014.

Staff will begin work on the CMA Annual and Aging Reports and submit to the Board later this year.

We should have a contract in place with an attorney the mental health seat should be filled by the next meeting.

❖ **DEPARTMENT OF CORRECTIONS – OFFICE OF HEALTH SERVICES (OHS) REPORT:**

Dr. Olugbenga Ogunsanwo, Assistant Secretary of Health Services

Collean D'Acquisto, Nursing Services Director

Dr. Steven Harris, Director of Medical Services

Dr. Dean Aufderheide, Mental Health Services Director

– **Region 4 update - Collean D'Acquisto, Nursing Services Director for Tom Reimers, Director of Health Services, Administration and Programs**

Wexford Health Services has a five year contract with the option to renewing for additional five years for the institutions in Region 4. The Wexford transition took place in two stages with the northern institutions transitioning on March 10<sup>th</sup>, 2013 and southern institutions transitioning on March 24<sup>th</sup>, 2013. The transition went smoothly with an exception of some IT related issues. Wexford is providing reports required by the contract including daily Utilization Management (UM) and hospitalization reports. OHS will continue to be responsible for the management of the beds of the specialty populations including mental health inpatient beds and those special beds at Zephyrhills, CFRC and SFRC

– **Regions 1, 2 and 3 transition plan - Collean D'Acquisto, Nursing Services Director for Tom Reimers, Director of Health Services, Administration and Programs**

Corizon has a the five year contract with the option for renewing for an additional five years for the institutions in Regions 1, 2, and 3. Interviews have been conducted and job offers are being made to the rest of the correctional staff. Priority will be given to DOC full time employees, then to OPS staff and then agency staff that are interested.

Corizon will take over the healthcare in six phases, beginning September 8<sup>th</sup> 2013 and ending on October 14<sup>th</sup> 2013. OHS is in process of hiring contract monitoring staff. All institutions will be monitored every six months according to the contract and over 180 performance measures will be monitored.

– **Residential Treatment Unit – Union CI - Dr. Dean Aufderheide, Mental Health Services Director**

The Department is in the process of establishing a Residential Treatment Unit (RTU) at Union CI which will house chronically mentally ill inmates who cannot break the cycle of close management (CM) and inpatient admissions. Inmates with mental health issues may receive multiple disciplinary reports, sometimes because of difficulty following rules and functioning in the general population, which can result in placement in CM. Inmates admitted to inpatient units at UCI are on CM status prior to their admission. However once admitted, their CM status is suspended and therefore, they are not typically eligible for a reduction in CM level while receiving inpatient care. They may spend months or even years in a TCU, only to be discharged back to CM. Inmates in the RTU will have access to clinical care and programs similar to those provided on the inpatient unit; however in the RTU they will have the opportunity to work towards progressing through the levels of CM to increase their freedom of movement, while participating in structured therapeutic activities.

❖ **APPROVAL OF THE APRIL 2013 CMA MINUTES:**

Chair, Dr. Peter C. Debelius-Enemark – The board motioned to approve the April 2013 CMA minutes.

❖ **NEW BUSINESS :**

Ms Holmes will contact members regarding a time for the 4<sup>th</sup> quarter meeting

The meeting was adjourned at 2:45 p.m.

Respectfully submitted,

Rachel Brock